6. Is the applicant's condition temporary? ❑ Yes ❑ No

   - If yes, expected duration is _____ months.

7. In your professional opinion, is the applicant able to:

- Travel 2 level blocks (1/4 mile) without assistance ❑ Yes ❑ No ❑ Sometimes
- Travel 6 level blocks (3/4 mile) without assistance ❑ Yes ❑ No ❑ Sometimes
- Travel to/from bus routes when there is snow or ice ❑ Yes ❑ No ❑ Sometimes
- Negotiate moderate hills ❑ Yes ❑ No ❑ Sometimes
- Safely cross streets and intersections ❑ Yes ❑ No ❑ Sometimes
- Stand for 15 minutes if there is no place to sit ❑ Yes ❑ No ❑ Sometimes
- Ask for, understand, and follow directions ❑ Yes ❑ No ❑ Sometimes
- Recognize a destination or landmark ❑ Yes ❑ No ❑ Sometimes
- Deal with unexpected situations or changes in routine ❑ Yes ❑ No ❑ Sometimes

8. Do the applicant's functional abilities to travel change due to medical treatments, medications, environmental conditions (heat, humidity, cold, ice and snow) or other related factors?

   ❒ No
   ❒ Yes (explain): _____

   _____

9. Can the applicant be safely left unattended at a pick-up or drop-off location?
   ❑ Yes ❑ No ❑ Not sure

10. Is there other information about the applicant's functional ability, which would be important for us to know when considering his or her ability to get to or from and use the regular fixed route bus service?

    _____

    _____

    _____

    _____

    _____

    _____

Professional's Name and Title: _____

License, Registration, or Certificate #: _____

Signature: _____

Company or Agency Name: _____

Address: _____

Phone #: _____ Fax **#:** _____

Merrimack Valley Regional Transit Authority

Thank you for your interest in the Merrimack Valley Regional Transit Authority's (MVRTA) paratransit service, known as EZ Trans. EZ Trans is a curb-to-curb service for individuals who cannot use the MVRTA fixed route bus system. It is designed to compliment the MVRTA fixed route bus system and to meet the needs of ADA eligible individuals in the following communities: Andover, Amesbury, Haverhill, Lawrence, Merrimac, Methuen, Newburyport, and North Andover & Salisbury. EZ Trans also offers Non-ADA service to individuals who are over the age of 60 and reside in the above-mentioned communities.

The two categories of EZ Trans eligibility are defined as:

ADA eligible- participants must be certified through criteria set forth in the Americans with Disabilities Act (ADA), as an individual with a disability and whose impairment prevents them from using the MVRTA fixed route bus system.

Non-ADA eligible- participants must be at least 60 years of age and reside in one of the above-mentioned communities.

EZ Trans is a "shared ride" service intended to safely and effectively accommodate as many passengers per trip as possible. Service is provided by lift-equipped vans, minibuses and non-lift-equipped sedans. Individuals who use a three-wheeled device (amigo chair) or any non-standard wheelchair, which cannot be securely fastened, are encouraged (but not required) to transfer to a vehicle seat for their own safety. Drivers will assist passengers on and off the vehicle as necessary, but are not allowed to assist passengers up or down stairs, go beyond any entryway or lose sight of the vehicle at any time.

Attached you will find an eligibility application. Once the application is complete, please return it to:

MVRTA
Office of Special Services
85 Railroad Avenue
Haverhill, MA 01835

The MVRTA will process your application within 21 days of receipt. **An incomplete application will be returned to you and this will delay the processing of your application**. If the MVRTA determines that you are not eligible for full ADA eligibility service, you are entitled to a hearing. A copy of the appeal procedure is mailed with each letter of ineligibility or conditional eligibility.

If you need assistance completing this application or if you have any questions regarding ADA eligibility, please do not hesitate to call (978) 469-6878 and select Option #3 on the menu when prompted. This application is also available in large print and other accessible formats upon request.

Once again, thank you for your interest in the MVRTA EZ Trans paratransit service!

MVRTA
85 Railroad Ave.
Haverhill, MA
01835

978-469-6878
(Select Option #3)

877-308-7267
(toll-free)

www.mvrta.com

EZ Trans And ADA Paratransit Eligibility Application Form

MVRTA use only:
ID # _____
Date_____

- ❒ New Applicant
- ❒ Upgrade Appl.
- ❒ 3-yr Recert.
- ❒ Customer Requested Recertification

- - - PLEASE PRINT - - -

PART A (This part must be completed by all applicants)

First Name_____ Middle Initial_____

Last Name_____

Street Address_____ Apt #_____

Mailing Address (if different)_____

City_____ State_____ Zip_____

Home Phone_____ Work Phone_____

Date of Birth (month/day/year)_____/_____/_____ Circle one: Male / Female

Please give us the name and phone number of someone we can call in case of an emergency:

Name_____

Relationship_____ Phone #_____
*Please include on a separate piece of paper any other important emergency contacts or information.

Do you have a disability or health condition that prevents you from sometimes using MVRTA fixed route buses?

❒ **NO, I am applying for EZ Trans only based on my age (60 or older).** ATTACH A COPY OF DOCUMENTATION OF YOUR AGE (gover nment ID). STOP HERE. You do not need to complete PARTS B and C below. Return this form to MVRTA at the address shown above to become eligible for EZ Trans Non-ADA service.

❒ **YES, I am applying for "ADA Paratransit Eligibility."** Complete PARTS B and C below.

3. When was the applicant last treated or seen by you? _____
4. On average, how frequent is the applicant seen by you? _____
5. Please check all of the disabilities or health conditions, which could impair the applicant's ability to travel on regular fixed route buses:

Neuromuscular:

- ❑ Cerebral Palsy
- ❑ Muscular Dystrophy
- ❑ Parkinson's disease
- ❑ Arthritis
- ❑ Stroke/Cerebral Trauma
- ❑ Quadriplegia
- ❑ Multiple Sclerosis
- ❑ Paraplegia
- ❑ Other: _____

Orthopedic/General Medical:

- ❑ Joint replacement (specify) _____
- ❑ Loss of limb (specify) _____
- ❑ Broken bone (specify) _____
- ❑ AIDS
- ❑ Diabetes (severe)
- ❑ Lupus
- ❑ Cancer
- ❑ Epilepsy (severe)
- ❑ Kidney disease/ Dialysis
- ❑ Other: _____

Cardiovascular:

- ❑ Arteriosclerosis
- ❑ Cystic Fibrosis
- ❑ Emphysema
- ❑ Congestive Heart Failure
- ❑ Chronic Obstructive Pulmonary disease
- ❑ Peripheral Vascular disease
- ❑ Thrombosis (chronic)
- ❑ Asthma
- ❑ Heart Attack
- ❑ Other: _____

Cognitive/Psychological:

- ❑ Alzheimer's disease
- ❑ Dementia
- ❑ Intellectual Disability
- ❑ Phobia
- ❑ Autism
- ❑ Head Trauma
- ❑ Panic disorder
- ❑ Schizophrenia
- ❑ Other: _____

HEARING Check all that apply	One ear	Both ears
❑ Partially Deaf		
❑ Completely Deaf		
VISION **Check all that apply**	**One eye**	**Both eyes**
❑ Cataracts		
❑ Cortical Blindness		
❑ Glaucoma (all types)		
❑ Macular Degeneration		
❑ Retinal Detachment		
❑ Retinopathy		
❑ Legally Blind		
❑ Totally Blind		
❑Other:		

PART C

A licensed or certified health care professional that can verify your disability, health condition and understands your functional abilities must complete this part of the form. *This part only needs to be completed if you are applying for "ADA Paratransit Eligibility"*. Examples of health care professionals who should complete this part include:

Physician (M.D. or D.O.)	Ophthalmologist	Orientation and mobility instructor
Physical therapist	Psychiatrist	Independent living specialist
Occupational therapist	Psychologist	Clinical social worker
Rehabilitation counselor/ specialist		Registered nurse

Dear Licensed or Certified Health Care Professional:

You are being asked to provide information about the applicant's disability or health condition and functional ability in support of their request to be considered for "ADA paratransit service." As required by *The Americans with Disabilities Act of 1990,* the MVRTA provides service ("ADA paratransit service") to persons with disabilities who, because of their disability or health condition are unable to use the MVRTA's regular fixed route bus system. Federal law specifies who should be considered eligible for this service. ***Federal law also requires the MVRTA to strictly limit eligibility to those individuals who meet the federal eligibility criteria. Strict adherence to the federal standards for eligibility are important for ensuring that service can be fully provided to persons who truly need the service***. Individuals are to be considered ADA paratransit eligible if, because of their disability or health condition:

- They cannot board, ride, or disembark from a MVRTA regular fixed route bus; or
- They have a specific impairment related condition that prevents them from getting to or from a fixed bus route.

Please note that individuals are not eligible for this service if their disability or health condition only makes it inconvenient or more difficult to use the regular fixed route bus service. In addition, I would like you to know that all MVRTA fixed route buses are accessible to persons with disabilities and each bus is equipped with a wheelchair lift, stop announcement system and "kneeling" first step.

The application must be filled out completely. ***If the application is not complete, it will be returned, which will delay the process of making a final determination.***

On the preceding page, the applicant should have signed "an authorization for release of information". Please note that all information regarding the applicant's disability and health condition will be treated strictly confidential by the MVRTA to the maximum extent allowed under the law.

Thank you for your assistance in providing vital information needed to determine eligibility for this important service. Feel free to call our Office of Special Services at any time (978-469-6878, option #3) should you have any questions about the service or this application form.

1. Name of applicant: _____
2. Capacity in which you know the applicant: _____

PART B

This part only needs to be completed if you have a disability or health condition that prevents you from sometimes or always using MVRTA's fixed route bus service. Persons completing this section will be considered for "ADA Paratransit Eligibility." ***Information about your disability or health condition will be kept strictly confidential within the limits of the law*** and shared only with the ADA Appeal Officer should you appeal your eligibility determination.

1. Which of the following statements best describes your ability to use the MVRTA's regular fixed route bus service?

- ❒ I can use regular fixed route buses for some trips, but my disability or health condition sometimes prevents me from using the buses.
- ❒ I can never use the MVRTA's regular fixed route bus service because of my disability or health condition.
- ❒ I can use the MVRTA's regular fixed route buses, but would prefer to use the van service.
- ❒ I'm not sure if I can use the MVRTA's regular fixed route buses.

2. How does this disability or health condition prevent you from using MVRTA fixed route service? Please explain completely. Use additional sheets if needed.

_____

_____

_____

_____

3. Do you use any of the following mobility aids or equipment? (Check all that apply)

❒ Manual Wheelchair	❒ Powered Wheelchair	❒ Powered Scooter
❒ Cane	❒ Walker	❒ Crutches
❒ Prosthetic Device/Braces	❒ Respirator/Oxygen	

❒ Service Animal (describe): _____

❒ other (describe): _____

❒ No, I do not use any mobility aids or equipment

4. Do you ever need to bring someone else with you (a "personal assistant" or "personal attendant"), because of your disability, who assist you at your destination or when you travel?

❒ No ❒ Yes, always ❒ Yes, sometimes

5. **<u>Without</u> the help of someone else can you...**

Request and understand written or spoken instructions?

❒ Always ❒ Sometimes ❒ Never ❒ Not sure

Cross streets and intersections?

❒ Always ❒ Sometimes ❒ Never ❒ Not sure

Step on and off a sidewalk from the curb?

❒ Always ❒ Sometimes ❒ Never ❒ Not sure

Stand for 15 minutes if there is no place to sit?

❒ Always ❒ Sometimes ❒ Never ❒ Not sure

Find your own way to a bus route if someone shows you the way once?

❒ Always ❒ Sometimes ❒ Never ❒ Not sure

Identify the fixed route bus you need to use and signal for it to stop?

❒ Always ❒ Sometimes ❒ Never ❒ Not sure

Stand on a moving bus holding onto a handrail?

❒ Always ❒ Sometimes ❒ Never ❒ Not sure

Transfer from one fixed route bus to another?

❒ Always ❒ Sometimes ❒ Never ❒ Not sure

6. **<u>Under the best of conditions</u>, what is the *farthest* you can walk (or travel using your mobility aid) without the help of another person?**

❒ Less than 1 block ❒ 1 block (1/8 mile) ❒ 2 blocks (1/4 mile)

❒ 4 blocks (1/2 mile) ❒ 6 blocks (3/4 mile) ❒ more than 6 blocks

❒ I cannot travel outdoors alone at all

7. **Are you prevented from traveling outside in certain weather conditions because of your disability?**

❒ No ❒ Yes (Please explain) _____

_____

8. **Is there anything else you want to tell us about your disability or health condition that might help to understand your travel abilities and limitations better?**

_____

_____

_____

Signature

I understand that the purpose of this application is to determine if I am eligible to use ADA Paratransit Services. I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that falsification of information could result in a review of my eligibility and possible loss of ADA Paratransit Services.

I agree to notify the Merrimack Valley Regional Transit Authority if I no longer need to use ADA Paratransit Services.

_____ **Date**_____

(Signature of Applicant or Responsible Party)

If someone assisted in completing this application, please provide the following information:

Print name_____

Relationship to applicant_____

Address_____

Agency_____**Phone**_____

Authorization for Release of Information

I authorize the professional who has completed PART C of this application to release information about my disability or health condition and its effect on my ability to travel on the MVRTA fixed route bus service. I understand that I may revoke this authorization at any time. Unless earlier revoked, this form will permit the professional completing PART C to release the information described up to 60 days from the date below. I understand that all medical information, which is provided, about my disability or health condition will be kept strictly confidential within the limits of the law.

_____ **Date**_____

(Signature of Applicant or Responsible Party)

*** * * GO TO PART C * * ***